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APPLICANTS

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CONTINUING DATA *********

This application is a CIP of 09/675,470 09/28/2000 ABN which claims benefit of 60/161.453 10/25/1999 and claims benefit of 60/272,624 03/01/2001 and claims benefit of 60/323,016 09/11/2001 * and claims benefit of 60/340,045 11/30/2001 ABN * and claims benefit of 60/328,738 10/11/2001 and claims benefit of 60/338,015 11/08/2001 and claims benefit of 60/343,523 12/20/2001 and is a CIP of 09/820,483 03/29/2001 which is a CIP of 09/535,675 03/23/2000 PAT 6,667,299 which claims benefit of 60/126,056 03/23/1999 * and claims benefit of 60/124.087 03/11/1999 and is a CIP of 09/449,004 11/24/1999 ABN which claims benefit of 60/109,923 11/24/1998 and is a CIP of 09/449,184 11/24/1999 ABN which claims benefit of 60/109,924 11/24/1998 and is a CIP of 09/449,042 11/24/1999 ABN which claims benefit of 60/110,127 11/27/1998 and is a CIP of 09/461,026 12/15/1999 ABN which claims benefit of 60/112,206 12/15/1998 and is a CIP of 09/586,673 06/01/2000 ABN which claims benefit of 60/145,823 07/27/1999 and is a CIP of 09/586,672 06/01/2000 ABN which claims benefit of 60/137,745 06/03/1999 and is a CIP of 09/414,905 10/08/1999 ABN which claims benefit of 60/140,028 06/16/1999 (*)Data provided by applicant is not consistent with PTO records.

** FOREIGN APPLICATIONS ************************************								
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 04/17/2002								
Foreign Priority claims	ditions yes no Met after	STATE OR	SHEETS	TOTAL	INDEPENDENT			
met Verified and Acknowledged	Allowance Egamiker's Signature Initials	COUNTRY CA	DRAWING 0	CLAIMS 45	CLAIMS 5			
ADDRESS 26551 HOLLIS-EDEN PHARMACEUTICALS, INC. 4435 EASTGATE MALL SUITE 400 SAN DIEGO, CA 92121 TITLE Blood cell deficiency treatment method								
FILING FEE RECEIVED 753	FEES: Authority has been given in Paper No to charge/credit DEPOSIT ACCOUNT No for following:			All Fees 1.16 Fees (Filing) 1.17 Fees (Processing Ext. of time) 1.18 Fees (Issue) Other Credit				